

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: South Carolina

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Enforcement of Compliance for Nursing Facilities

Termination of Provider Agreement: Describe the criteria (as required at §1919(h)(2)(A)) for applying the remedy.

X Specified Remedy

(Will use the criteria and  
notice requirements specified  
in the regulation.)

TN No. MA 99-001

Supersedes

TN No. MA 90-20

Approval Date: JUN 21 1999

Effective Date: 4/01/99